

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lamont Mikell

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S.D. OF N.Y.

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Acrobat Outsourcing Hospitality
Amber Dillion, Debbie McKee, Josephine Park
Stacy Branch Director

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. Typically, the company or organization named in your charge to the Equal Employment Opportunity Commission should be named as a defendant. Addresses should not be included here.)

Jury Trial: Yes No
(check one)

17CV2386

This action is brought for discrimination in employment pursuant to: (check only those that apply)

✓

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

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Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.

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Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

✓

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

✓

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Lamont Mikell
Street Address 170-12 130th AVE Apt 26
County, City Jamaica
State & Zip Code N.Y. 11434
Telephone Number (718) 7

B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name Amber Dillion, Debbie McKee, Josephine Pink, Stacy Regional Branch Manager
Street Address 165 Main Street
County, City Woodbridge
State & Zip Code N.J. 07095
Telephone Number (732) 993-7235

C. The address at which I sought employment or was employed by the defendant(s) is:

Employer _____
Street Address _____
County, City _____
State & Zip Code _____
Telephone Number _____

II. Statement of Claim:

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

Failure to hire me.
 Termination of my employment.
 Failure to promote me.
 Failure to accommodate my disability.
 Unequal terms and conditions of my employment.

Retaliation.

Other acts (specify): _____

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: 06-13-2016.
Date(s)

C. I believe that defendant(s) (check one):

_____ is still committing these acts against me.

is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

race _____

color _____

gender/sex _____

religion Faith, Baptist Christian

national origin _____

age. My date of birth is _____ *(Give your date of birth only if you are asserting a claim of age discrimination.)*

disability or perceived disability, _____ *(specify)*

E. The facts of my case are as follow (attach additional sheets as necessary):

See Attached Sheet

Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: November 3, 2016 *(Date)*.

I am a Baptist Faith Christian, A Man of God I AM A Hard Working Person. Acrobat Outsourcing Hospitality Corporation is A Contracting Temp Agency That Requires 2 Booking Recruiters By the Name of Debbie McKee-Senior Operations Manager And Josephine Park- Operations Assistant Manager These ARE 2 Recruiters that Booked Me for BARTENDING & WAITING at their Events. I WAS NOT Requested By A Client Regularly By Bridgewater Motel Inn I WAS Booked for a Event for 6/13/2016 I Confirmed And Unfortunately I lost My Immediate Family Member having Aunt on 6/12/2016 5:42 AM Sunday Morning. I Immediately Called Acrobat Outsourcing Hospitality to tell them I have to CANCEL My event for 6/13/2016 Due to the Death of My Aunt & My Mom was in full PAIN Almost Had a Heart Attack I Sent E-mails & Touched BASE with the Employer & I WAS Told Yea! Yea! We Heard this Before as Excuses from other Applicants of this Company. As my Faith Baptist Christian My Religion Propels Me to Attend Funerals of Another Christian Also to Preach & Mourn (the Angel that left us Behind) I WAS Told By Acrobat Outsourcing Hospitality I WAS FIRED for Attending My Aunt's Funeral & Also, They the Agency Don't get Paid When A Applicant Don't Show up. I WAS Told By Amber Dillon Director of Human Resources How I WAS Talking & Sounding is Why they FIRED Me. I was in PAIN Suffering the loss of My Aunt Especially My Mother Going thru PAIN til this Day. I Attended My Aunt's Funeral WAS APART of Picking out the Casket ALSO Preach & Spoke At My Aunt's Funeral Went to the GRAVE for Burial AS A FAITH BAPTIST CHRISTIAN we do the Ashes to Ashes & Dust to Dust to Another Christian Which was My Aunt

B. The Equal Employment Opportunity Commission (*check one*):

has not issued a Notice of Right to Sue letter.
 issued a Notice of Right to Sue letter, which I received on 1/12/2017 (*Date*).

Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

60 days or more have elapsed.
 less than 60 days have elapsed.

IV. Relief:

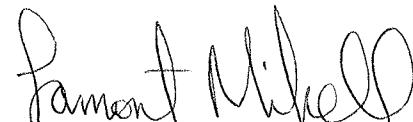
WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: BACK PAY The Damages Aspects. INJUNCTIVE FOR REINSTATEMENT, 218.11 for 10 weeks was EARNED per week I Been Out of WORK for 43 weeks Look for Compensation of 9,374.00 IN Damages
(Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of April, 2017.

Signature of Plaintiff

Address



170-12 130th AVE APT 2G
JAMAICA N.Y. 11434

Telephone Number

(718) 598-2762

Fax Number (*if you have one*)

DISMISSAL AND NOTICE OF RIGHTS

To: Lamont Mikell
170-12 130th Avenue
Apt 2-G
Jamaica, NY 11434

From: New York District Office
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

520-2017-00324

Sarina L. Shaver,
Investigator

(212) 336-3776

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

1112117

(Date Mailed)

Enclosures(s)

Kevin J. Berry,
District Director

cc:

Amber Dillon
Director of Human Resources
ACROBAT OUTSOURCING HOSPITALITY
CORPORATION
165 Main Street
Woodbridge, NJ 07095

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

PRIVATE SUIT RIGHTS

Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), or the Age Discrimination in Employment Act (ADEA):

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10 – not 12/1/10** – in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice **and** within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do **not** relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

U.S. EQUAL OPPORTUNITY COMMISSION
New York District Office – INTAKE
33 Whitehall Street, 5th Floor
New York, NY 10004

This agency enforces the laws against discrimination in employment based on race, color, religion, national origin, age, sex, disability, or genetic information. The event you are complaining about must have occurred within a maximum of 300 days of the filing of a charge. Our jurisdiction covers public and private employers with 15 or more employees (20 or more employees for age complaints), labor unions, and employment agencies located in New York State south of Albany. If you work for the Federal Government, you must first contact your agency's Equal Employment Office in order to file a complaint.

To better serve your interest and avoid delays in processing your complaint, please answer the following questions:

NAME: LaMonte Miller

TEL. NO. WHERE WE CAN CONTACT YOU: _____

A. What was the Latest or Most Recent Date of discrimination which you are alleging?

10/13/2016

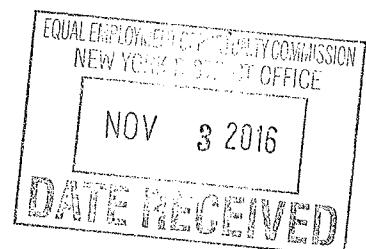
B. Does your employer have fewer than 15 employees (20 for age complaints)?

Yes No How many employees? 35

C. Have you filed a complaint with another agency (such as the New York State Division of Human Rights or the New York City Commission on Human Rights)?

Yes No

If Yes, Name of agency and date of filing:



D. Do you work for a Federal Government Agency (Such as the U.S. Postal Service)?

Yes No

***IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE THE RECEPTIONIST, AS THE EEOC MAY NOT HAVE JURISDICTION OVER YOUR CLAIMS

If you answered NO to the above questions, please fill out the questionnaire and return it to the receptionist, who will give you further instructions about our procedures.



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Mike First Name: Lamont MI: _____

Street or Mailing Address: 170-12 130th AVE Apt or Unit #: 2G

City: Jamaica County: _____ State: N.Y Zip: 11434

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (718) 598-2762 Email Address: _____

Date of Birth: 02-11-1970 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Other Phone: (____) _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) Due to Aunt's Death

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here _____ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets

Organization Name: Acobri Outsourcing Hospitality Corporation

Address: 165 Main Street County: _____

City: Woodbridge State: NJ Zip: 07095 Phone: (732) 993-7235

Type of Business: Outsource Agency Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: Amber Dillon, Stacy R Phone: (415) 5

Number of Employees in the Organization at All Locations: Please Check (✓) One

Fewer Than 15 15 – 100 101 – 200 201 – 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: _____ Job Title At Hire: BARTENDER, WAITER SERVER

Pay Rate When Hired: 13.00 HHR Last or Current Pay Rate: 13.00 HHR

Job Title at Time of Alleged Discrimination: Due to Aunt's Death Date Quit/Discharged: 6-13-2016

Name and Title of Immediate Supervisor: Debbie Mcree, Senior Operations Manager

Josephine Park - Operations Assistant Manager

Stacy - Regional Manager

Branch Director

If Job Applicant, Date You Applied for Job 2/20/16 Job Title Applied For Bartender Waiter**4. What is the reason (basis) for your claim of employment discrimination?**

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved: i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. Date: 6-13-2016 Action: Called Out on Assignment Due to Death in the family
Was Terminated Due Attending Funeral & Was told I was Staying & Lying
 Name and Title of Person(s) Responsible: Amber Dillion-HR Debbie McKen Josephine Paul
 B. Date: 6-13 Action: Told Me Employees Always Lie & I used this as an excuse
I was Told I Choose My Aunt Funeral over Assignment & the Company Didn't get paid
 Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Because I am a Contracted Employee & I SICKENED for My
Mom & Going Thru a Difficult Time & WAS Terminated

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, sex, age, national origin, religion or disability	Job Title	Description of Treatment
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)_____
_____**11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?**

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

_____**12. Did you ask your employer for any changes or assistance to do your job because of your disability?**

Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: _____

_____How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. _____			
B. _____			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

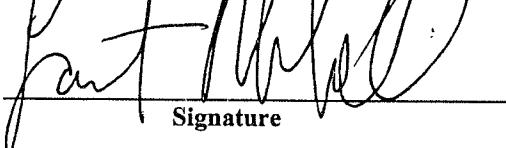
15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

11/3/2016
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 USC § 2000e-5(b), 29 USC § 211, 29 USC § 626, 42 USC §12117(a), 42 USC §2000ff-6.
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.